

MEDICAL ATTESTATION FORM

To be completed by a licensed physician, licensed physician's assistant or licensed nurse practitioner

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Applicant's Name:

Applicant's Social Security Number:

Height: _____ Weight: _____ Eye Color:

Hair Color: _____ Distinguishing Marks:

This form will attest to the fitness of the above referenced mariner to perform in the marine industry as indicated below.

In your medical opinion:

1. Is the mariner physically fit and free of debilitating illness or injury? **YES / NO**
2. Is the mariner capable of working in cramped spaces in adverse weather conditions that may cause violent motion of the vessel? **YES / NO**
3. Is the mariner capable of working extended hours? **YES / NO**
4. Is the mariner capable of participating in emergency situations such as firefighting or launching of lifeboats? **YES / NO**
5. Does the mariner have the ability, strength, and flexibility to:
 - a. Climb steep ladders or vertical stairs
 - b. Maintain balance on a moving deck
 - c. Pull heavy fire hoses up to 400 feet and lift fully charged fire hoses
 - d. Rapidly don an exposure suit
 - e. Step over door sills of 24 inches in height
 - f. Open or close watertight doors that may weigh up to 56 lbs

YES / NO

6. Any further comments as to the medical fitness of this mariner? (Continue on Reverse)

Printed Name/Address/Phone Number of
Physician/Physician

Physician/Physician Assistant/Nurse Practitioner

Signature of

Assistant/Nurse Practitioner

Date: _____

State License Number:

(Revised

12/98)